SUBSTANCE ABUSE AND THE WTB: PERSPECTIVES FROM WALTER REED

Barbara A. Marin, Ph.D.
Clinical Director
Walter Reed Army Medical Center
Army Substance Abuse Program

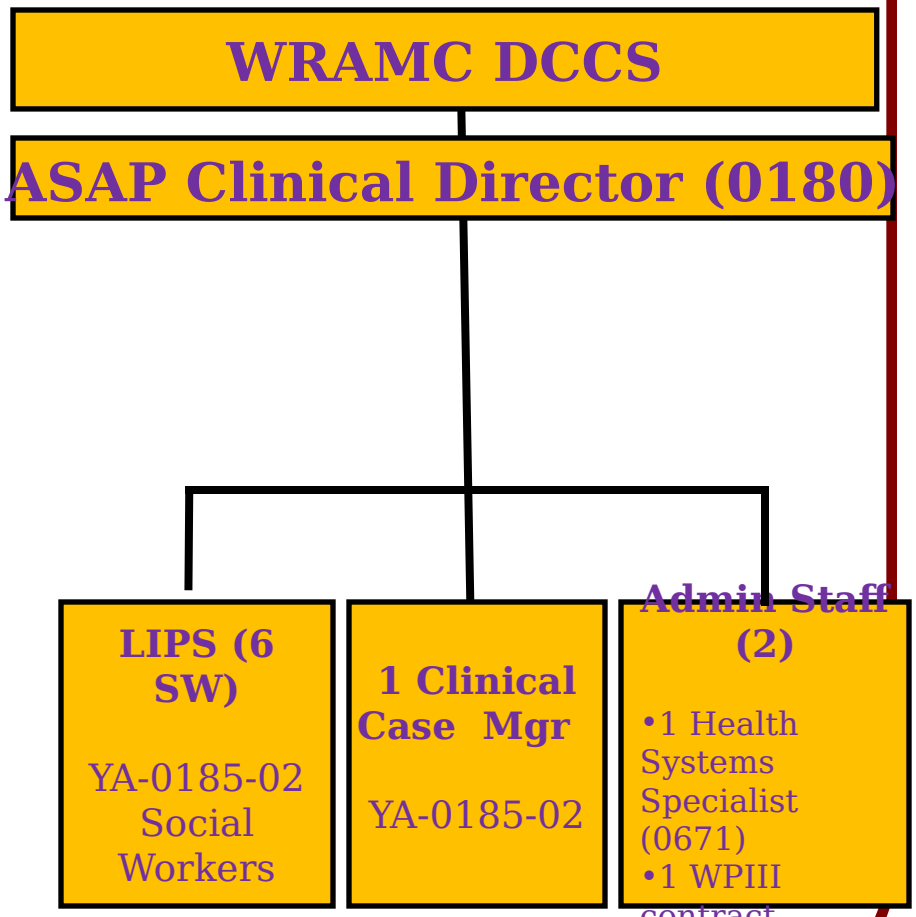
Commercial: 202-782-3969
Barbara.Marin@amedd.army.mil

WALTER REED ARMY MEDICAL CENTER
ARMY SUBSTANCE ABUSE PROGRAM

Clinical Assets
Barbara A. Marin, Ph.D, LCPC, CADC
Thelma Harris, LICSW, MAC
James Hardin, LCSW-C, MAC
Noel Hannah, LICSW, MAC
Debi Isenstein, LCSW-C
Despina Hangemanole, LGSW
2 Clinical Vacancies

ADCO Staff (Garrison Assets)
Daryl Hawkins, PhD, ADCO
Sean McMillian, DTC
Richard Phillips, DTC
Myrna Perry, DTC
Kamau Bandele, Prevention Coordinator
Holly Leyo, EAP

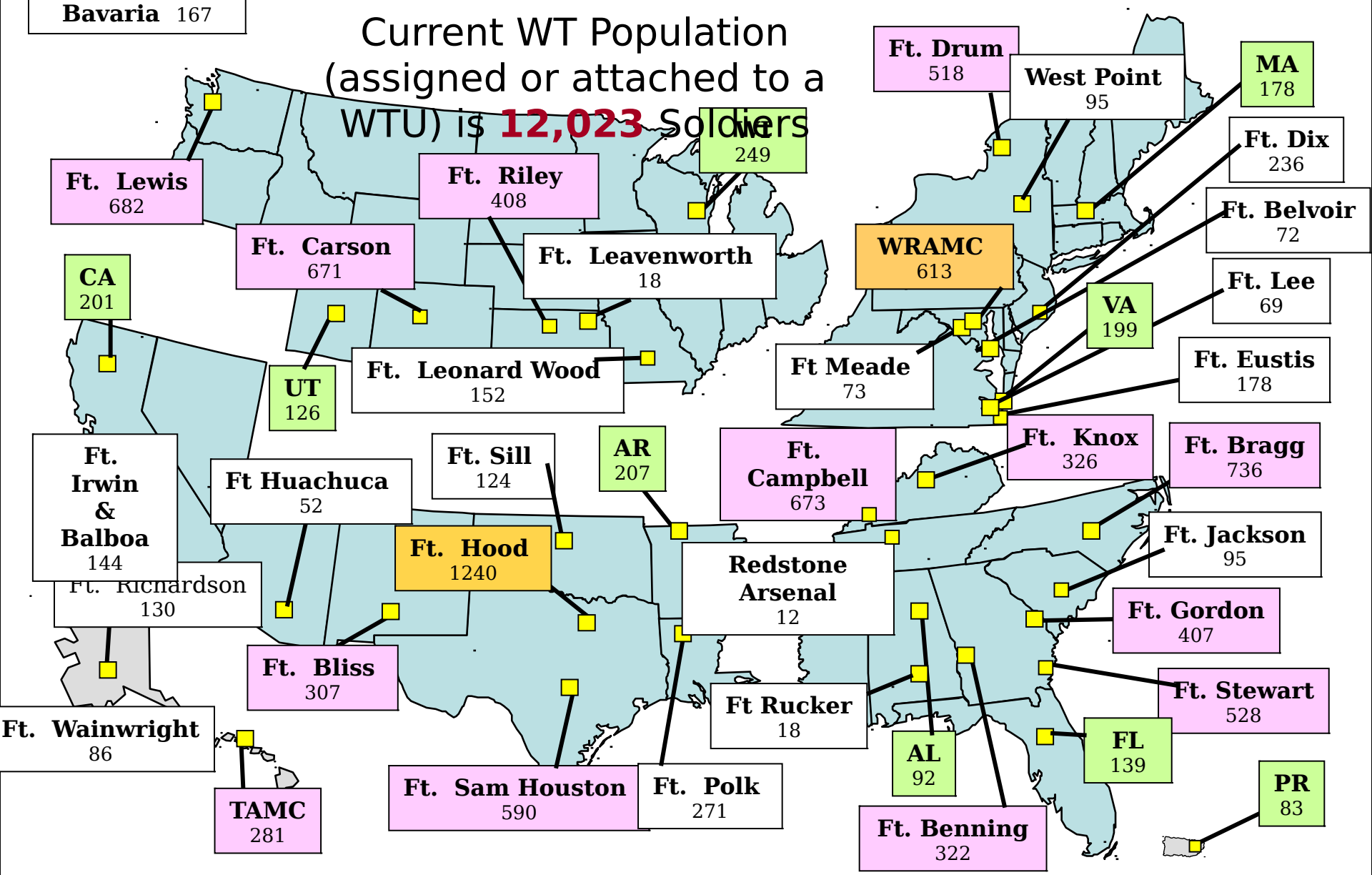
Administrative Staff:
Anthony Canzater, Health Systems Spec.
Valencia Robinson, WPIII



Warrior Transition Unit

WTU BDE – 2
WTU BN - 13
WTU CO - 20
CBHCO - 9

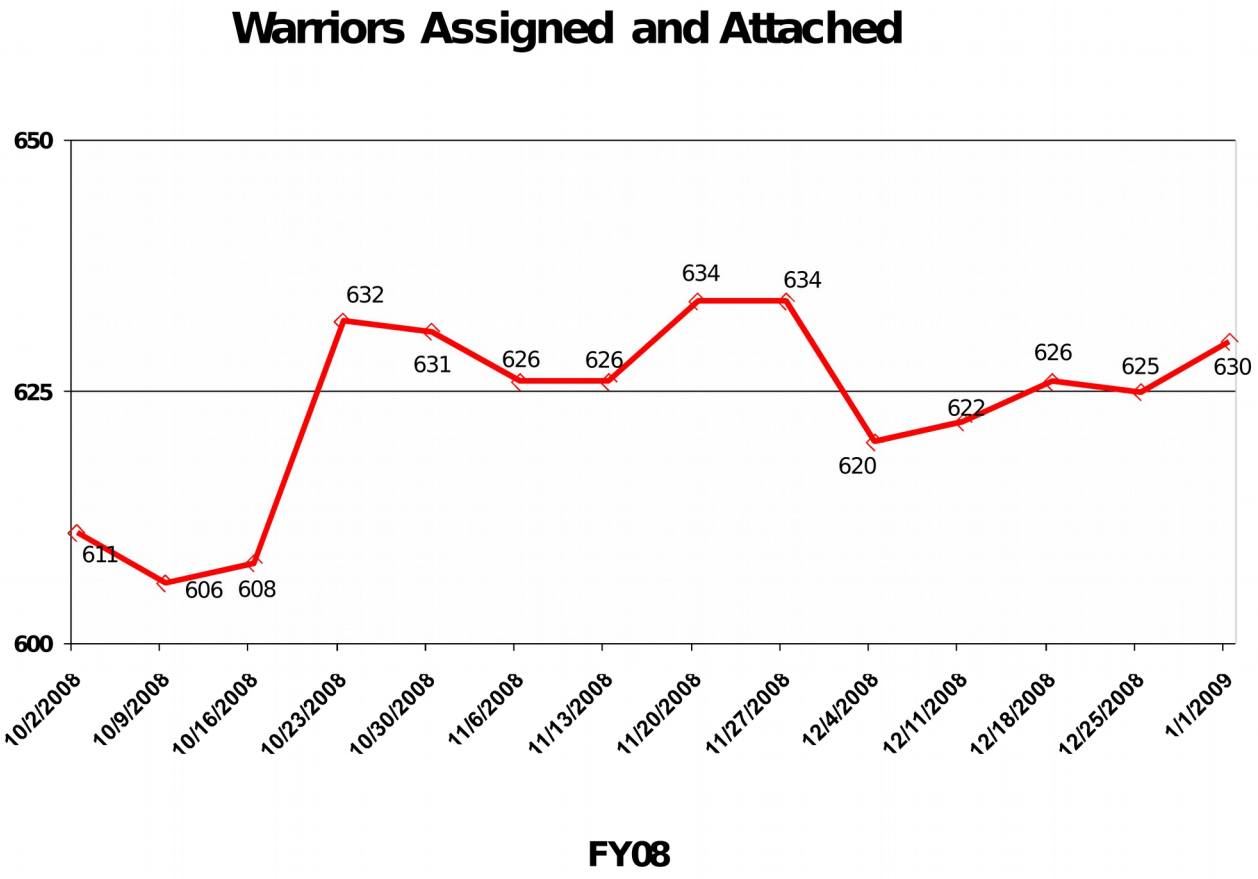
Current WT Population (assigned or attached to a WTU) is **12,023** Soldiers



Source: Dr. Carino, OTSG-WTO \ 703.681.1873

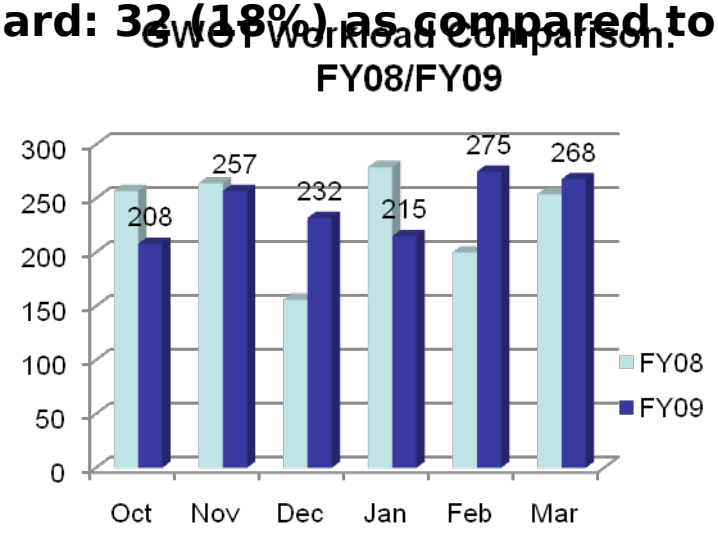
Last updated:

FY08 WRAMC WTB POPULATION AVERAGE SIZE: 625



ASAP PATIENT CHARACTERISTICS

- **SOME BASICS**
  - **Largely active duty; accept other beneficiaries as space permits**
  - **53% WTB (178 WTB of 341 total patients served in FY08)**
  - **47% non-WTB (AD, DAC, FM)**
  - **Patient distribution by component:**
    - **Regular Army: 108 (61%) as compared with @70% WTB**
    - **Reserve: 38 (21%) as compared with 10% WTB**
    - **National Guard: 32 (18%) as compared to 20 % WTB**



GUIDING PRINCIPLES: CREATING A THERAPEUTIC MILIEU

- Promote Team Approach
  - Frequent meetings: staffing, problem solving, Inter-Disciplinary Reviews
  - Group co-facilitation across specialties
  - Ongoing consultation
- Patient-Focused Treatment Planning and Choice Points
  - Self-help
  - Psycho-education
  - Stage of change model for treatment decision-making
- Medication Management for Co-occurring Conditions
  - Psychiatric Evaluations for ASAP patients not under care elsewhere
  - Medication Management
  - Staff Consultation

GUIDING PRINCIPLES: FOCUSING ON SAFETY

- Abstinence Monitoring
  - Breath testing
  - Ethyl Glucuronide (ETG)
  - Other drug testing
    - NIDA 5
    - Special Requests

	October-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08
Total Tested	97	85	52	113	106	121	123	291	304	253	311	368
Total Positive	5	10	10	18	14	13	14	33	28	17	38	29
Percent of Total Positive	5.15%	11.76%	19.23%	15.93%	13.21%	10.74%	11.38%	11.34%	9.21%	6.72%	12.22%	7.88%
Soldiers Tested	65	56	44	79	64	67	68	78	71	68	81	87
Soldiers Positive	5	9	10	18	11	13	12	15	17	14	19	17
Percent of Soldiers Positive	7.69%	16.07%	22.73%	22.78%	17.19%	19.40%	17.65%	19.23%	23.94%	20.59%	23.46%	19.54%

GUIDING PRINCIPLES: FOCUSING ON SAFETY

- Lower threshold for intervention (Sample: 341 patient seen in FY08)
  - ADAPT (12%)
  - Extended Evaluation: Exploring Change (26%)
  - Enrolled (62%)
- Building Bridges with the Chain of Command
  - Rehabilitation Team Meetings
  - Cadre Trainings
  - Weekly Interdisciplinary Meetings
  - Formal and informal communications
- Clinical Case Manager is KEY
  - Immediate reporting of No-Shows
  - Building strong relationships with WTB TRIAD members

WALTER REED ARMY MEDICAL CENTER

GUIDING PRINCIPLES:FOCUSING ON SAFETY

IMPLEMENTATION OF SG DIRECTIVE FOR SOLE PROVIDER PROGRAM (EFFECTIVE 14 APRIL 2009):

"Assigning WTs to a sole provider may help deter patients from harming themselves through accidental overdose of narcotics and/or other high-risk medications."

- Baseline medication review and reconciliation on every assigned WT within 24 hours of arrival
- PCM for every WT and dedicated Clinical Pharmacist to support WTUs
- Risk Assessments on all WTs; Soldiers deemed high risk will be entered into SPP
- If high risk/SPP, Soldier will receive no more than 7-day supply of controlled or non-controlled medications; restricted to use of only one pharmacy
- Only Soldier's sole provider or authorized alternate is allowed to modify existing sole provider arrangement.

CURRENT INITIATIVE: EXTENDING SOLE PROVIDER TO NON-WTB

WRAMC Warrior Population (n=630, 1/1/09)

	1st QTR	1st QTR % Population	4th QTR	4th QTR % Population
TBI	181	28%	237	26%
PTSD	125	19%	97	10%
PSYCH, NOT PTSD				
Depression	119	18%	196	21%
Cognitive Disorder	106	16%	118	13%
Substance Abuse	67	10%	122	13%
Personality Disorder	7	1%	16	2%
Other	7	1%	10	1%
Amputee	99	15%	112	12%
Acute Stress Disorder	29	4%	55	6%
Spinal Cord Injury	37	6%	32	3%
Cardiac Condition	13	2%	21	2%
Cancer	5	1%	3	.3%
Patients on Narcotics	295	45%	326	35%

1st QTR Data as of 31

ASAP PATIENT CHARACTERISTICS Co-Morbidities (Data from FY09, Third Quarter)

- **Substance Use Profiles**
  - 69% Alcohol (41/59)
  - 31% Other Drugs (18/59)
    - THC (5)
    - Opiates (4)
  - Cocaine (3)
    - Sedative Hypnotics(2)
    - Polydrug dependence (2)
    - PCP (1)
- **Co-occurring Conditions**:
  - Mental health and substance use disorders (36/59 or 61%)
    - PTSD and SUD: 29% (17/59)
    - Other co-occurring conditions: MDD, Bipolar Disorder, GAD, ADHD
  - TBI and substance use disorder
    - 13/59 or 22%

Works in Progress

- Pain Management and Addiction
  - Suboxone Clinic under consideration
  - Close Coordination with Pain Clinic, PM&R, Anesthesia, PCMs
  - Sole Provider Designations and Tracking
- TBI and Substance Abuse
  - Special Treatment Considerations
  - Training Needs
- Future Directions
  - Cranial Electrotherapy Stimulation as adjunctive therapy
  - IOP Development
  - New Evidenced Based approaches: ex. Seeking Safety

SPECIAL CONSIDERATIONS FOR WTB WO

- **Need for Rapid Response to:**
  - No Shows
  - Changes in Mental Status
  - Indications of medication reactions
- **Need for Close coordination with:**
  - Chain of Command
  - Case Managers
  - Other Medical Services
  - Other Behavior Health Services
  - Pain Clinic and PM&R
  - Pharmacy

Conclusion: Communication is KEY

- ASAP clinical case manager is an essential function
- Proactive interdisciplinary communication: AHLTA not yet approved for SUD treatment in Army

CONTACT INFORMATION

WALTER REED ARMY MEDICAL CENTER
ARMY SUBSTANCE ABUSE PROGRAM

COMMERCIAL: 202-782-3969
DSN: 662-3969
FAX: 202-782-7589